



## BIG Program Application

### Applicant information:

☐ Property Owner

☐ Business Owner

Applicant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Responsible Party: (list all) \_\_\_\_\_

Contact Name: (if different from above) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
(Retail/Restaurant/Office)

### Project Information:

Proposed start date: \_\_\_\_\_ Proposed completion date: \_\_\_\_\_

Estimated project costs: \_\_\_\_\_ Are you requesting a grant to support: \_\_\_\_\_

Amount requested: \_\_\_\_\_ (select at least one)

Total number of \_\_\_\_\_ ☐ Façade Improvement

businesses in building: \_\_\_\_\_ ☐ Business Relocation

Matching Funds\*: \_\_\_\_\_ ☐ Business Recruitment

\_\_\_\_\_ ☐ Business Recruitment/ Expansion/ Relocation

*\*For Office Uses, Owner is required to provide a 100% match to Redevelopment Agency funds*

### Property Owner Verification: (Business Owners must have property owner's authorization to participate in the program)

Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**As the legal owner of the above noted property, I hereby grant authorization to the tenant/business owner noted above to complete the façade improvements indicated within this application.**

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date



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### **Applicant Checklist:**

The following are required supplemental materials:

- ☐ Project Description/Scope (one page)
- ☐ Copy of Grant Deed or Lease
- ☐ 8.5" x 11" color photo(s) of property
- ☐ Two complete bids from licensed contractors/designers for each portion of the work requested as part of grant application (each bid must state that this is a prevailing wage job)
- ☐ Complete set of drawings reflecting the façade improvement (Only Design Grant applicants)
- ☐ Copy of current Chula Vista business license (for each business located within building)
- ☐ Business Plan (Business Recruitment Grant Applicants ONLY)

The following are mandatory project criteria:

Yes	No	Mandatory Project Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Property owner is a member in good standing with the City of Chula Vista
<input type="checkbox"/>	<input type="checkbox"/>	Property or business owner has outstanding City of Chula Vista code violation
<input type="checkbox"/>	<input type="checkbox"/>	Business is located within Redevelopment Project Area
<input type="checkbox"/>	<input type="checkbox"/>	Tenant business(es) have current City of Chula Vista business license(s)

Please indicate any Economic Development considerations:

Yes	No	Economic Considerations
<input type="checkbox"/>	<input type="checkbox"/>	Increase visitors and shoppers in downtown Chula Vista If yes, how? _____ How many? _____
<input type="checkbox"/>	<input type="checkbox"/>	Generate sales tax revenue If yes, please include the projections
<input type="checkbox"/>	<input type="checkbox"/>	Applicant has prior business experience in ownership or management

Please indicate any Design considerations:

Yes	No	Design Considerations
<input type="checkbox"/>	<input type="checkbox"/>	Crime Prevention Through Environmental Design (CPTED) - based on evaluation report by CPTED officer.
<input type="checkbox"/>	<input type="checkbox"/>	Compliance with ADA accessibility guidelines
<input type="checkbox"/>	<input type="checkbox"/>	Successful completion of the Chula Vista Design Review Board process, if required, with adherence to design criteria for exterior improvements and signs (if applicable)



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Please indicate any additional considerations:

Exceeds	Meets	Does not Meet	Additional Considerations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creates a synergy with existing businesses in Chula Vista's business districts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotes day/nighttime business, arts and entertainment activity (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supports pedestrian-oriented activities and interactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates compatibility with neighboring businesses and designs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhances physical appearance of downtown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhances safety in downtown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhances quality of life for residents of Chula Vista
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilizes quality materials and construction techniques
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applies harmonious colors

I certify that the information contained in this application is true and accurate. I submit this grant application with full knowledge of the application process and I understand that I am not guaranteed a grant or funding for my project. If my project is approved and funded, I understand that I will be reimbursed for approved costs under the terms of the grant.

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Applicant Signature

Date